

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

FTX Trading Ltd., *et al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 22-11068 (JTD)

(Jointly Administered)

**SUPPLEMENTAL GLOBAL NOTES REGARDING THE  
DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES  
AND STATEMENTS OF FINANCIAL AFFAIRS**

On March 14, March 15 and March 27, 2023, FTX Trading Ltd. and its affiliated debtors and debtors-in-possession (collectively, the “Debtors”) filed Schedules of Assets and Liabilities (each, an “Initial Schedule” and, collectively with attachments, the “Initial Schedules”), Statements of Financial Affairs (each, a “Statement” and, collectively with attachments, the “Statements”) and their accompanying Global Notes (the “Initial Global Notes”) with the United States Bankruptcy Court for the District of Delaware (the “Court”) pursuant to section 521 of title 11 of the United States Code (the “Bankruptcy Code”) and rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) [D.I. 865-1083, D.I. 1166]. The Debtors hereby amend Schedule F of Assets and Liabilities of certain Debtors (each an “Amended Schedule” and collectively with attachments, the “Amended Schedules”) and these Supplemental Global Notes regarding the Amended Schedules (the “Supplemental Global Notes”).

The Supplemental Global Notes are in addition to, and do not amend, supersede or replace, other than to the extent expressly set forth herein, the Initial Global Notes. Each Amended Schedule supersedes and replaces in its entirety only the Customer Liabilities listed in the Schedule F of the applicable Debtor from the Initial Schedules. The Supplemental Global Notes incorporate the Statements, the Initial Schedules and the Initial Global Notes by reference, other than to the extent expressly set forth herein.

The Debtors prepared the Amended Schedules with the assistance of their advisors. In preparing the Amended Schedules, the Debtors and their advisors relied on financial data derived from their books and records that was available and accessible at the time of preparation. The Amended Schedules remain subject to further review and adjustment to reflect the Debtors’ ongoing reconciliation efforts. As such, the Debtors reserve all of their rights, including to revise,

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<sup>1</sup> The last four digits of FTX Trading Ltd.’s and Alameda Research LLC’s tax identification number are 3288 and 4063 respectively. Due to the large number of debtor entities in these Chapter 11 Cases, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information may be obtained on the website of the Debtors’ claims and noticing agent at <https://cases.ra.kroll.com/FTX>. The principal place of business of Debtor Emergent Fidelity Technologies Ltd is Unit 3B, Bryson’s Commercial Complex, Friars Hill Road, St. John’s, Antigua and Barbuda.

amend, supplement and/or adjust the Initial Schedules, the Statements, the Initial Global Notes, the Amended Schedules and these Supplemental Global Notes.

**Disclosures Applicable to the Amended Schedules**

1. Certain claim holders on the Initial Schedule F are listed as “Customers”. The quantities and amounts scheduled for these Customers include the estimated account balance for each Customer, listed in the applicable digital or fiat asset for that balance, based on the Debtors’ books and records. At the time of the filing of the Initial Schedules, the Debtors designated the customer liabilities as contingent, disputed and unliquidated because the Debtors were still in the process of internally examining potential claims. Where applicable, such designations have been removed. Certain customer liabilities on the Amended Schedules are still listed as “disputed,” “contingent,” and/or “unliquidated.” Such liabilities include accounts where the Debtors have identified potentially fraudulent activity; locked tokens; customers using the non-Debtor Embed Clearing LLC (“Embed”) program due to the identification of duplicative withdrawals; and liabilities against Quoine Pte Ltd. (d/b/a “Liquid Global”), FTX EU Ltd. (f/k/a K-DNA Financial Services Ltd., d/b/a “FTX EU”), and FTX Japan or Liquid platforms operated by FTX Japan K.K. (“FTX Japan”), for potential postpetition withdrawal rights. For the avoidance of doubt, customers with customer liabilities listed as disputed, contingent, or unliquidated must file a proof of claim by the respective bar date or their claim may be disallowed and expunged in full.
2. The Debtors have prepared the Amended Schedules to reflect information that became available to the Debtors following the filing of the Initial schedules. These changes include, but are not limited to, the below categories. These Supplemental Global Notes and the Initial Global Notes should be referred to, and referenced in connection with, any review of the Amended Schedules. The descriptions of the Amended Schedules in the Supplemental Global Notes are in summary only; if you are a customer with a potential claim against the Debtors, you should review the Amended Schedules in their entirety.
  - a) **Quoine Pte Ltd. (d/b/a “Liquid Global”) Balances** – The Debtors have prepared the Amended Schedules to include quantities and amounts of applicable digital or fiat assets of Customers against Quoine Pte Ltd. (d/b/a “Liquid Global”), records of which were previously unavailable. Customer activities in Liquid Global were halted on November 20, 2022. Postpetition deposits, withdrawals, and trading activities by Customers of Quoine Pte Ltd. are not included in the Amended Schedules.
  - b) **Customers with Tokenized Equity** – The Debtors have prepared the Amended Schedules to remove tokenized equity from the customer liabilities.

- c) **Customers with Only Non-Fungible Tokens** – The Debtors have prepared the Amended Schedules to add Customers with account holdings that are only comprised of Non-Fungible Tokens (“NFTs”).
- d) **Customers with No Positive Balance** – The Debtors’ continued internal investigation revealed that a subset of Customers were incorrectly scheduled on the Initial Schedules with a net positive balance as of the Petition Date. The Debtors have prepared the Amended Schedules to correct these balances, indicating, where appropriate, instead that such Customers have no net positive balance.
- e) **Corrected Certain Processing Withdrawals, Fees, Vouchers, Token Assignments, and Related Adjustments** – The Debtors’ continued internal investigation revealed that certain processing withdrawals, fees, vouchers, token assignments and related adjustments required correction. The recalculation of such adjustments are reflected in the Amended Schedules. Specifically for customers of FTX EU, certain customer balances reflect reconciliation performed by FTX EU management for an FTX EU customer balance confirmation process.
- f) **Corrected Debtor Entity** – Certain quantities and amounts of Customers were attributed to the incorrect Debtor entity on the Initial Schedules. The Debtors have revised these in the Amended Schedules to allocate Fiat and Crypto holdings to the appropriate debtor.
- g) **Revised Customer Categorization** – Certain quantities and amounts of Customers that were incorrectly attributed to non-Customer claimants on the Initial Schedules have been revised in the Amended Schedule.
- h) **Earn Program** – Customers who were participating in the earn program on the Petition Date have been noted as such in the Amended Schedule.
- i) **Lend Program** – For Customers who were in a lend position as of the Petition Date, the Debtors have identified the lend balances as of Petition Date (shutdown date for FTX EU).
- j) **Embed Program** – Scheduled customer liabilities include amounts which may have been withdrawn postpetition from Embed.
- k) **FTX.com Derivative Positions** – FTX.com customer derivative positions are reported as of the time of petition (November 11, 2022 at 10:00 a.m., Eastern Time). All derivative positions regardless of quantity have been reported.
- l) **FTX EU Derivative Positions** – FTX EU customer derivative positions are reported as of the time of system shutdown (November 11, 2022, at 10:28 p.m., Eastern Time) due to local European Union law. All FTX EU derivative positions were closed to fiat on November 12, 2022.

- m) **FTX EU Withdrawals and NFTs** – For the purposes of the Amended Schedules, pending cryptocurrency withdrawals and NFTs for FTX EU customers are scheduled as against FTX Trading Ltd., not FTX EU, and remain subject to further review.
  - n) **FTX Japan Token Balances** – For the purposes of the Amended Schedules, non-whitelisted tokens and derivative positions are not included in the scheduled customer balances. Customer balances at Liquid Japan that were previously unavailable are added to the Amended Schedule. Other balance adjustments made in connection the FTX Japan asset migration and return process may also not be reflected in the Amended Schedule.
3. While the Debtors have made every reasonable effort to ensure that the Amended Schedules are accurate and complete, based upon the information that was available to them at the time of preparation, inadvertent errors or omissions may exist and the subsequent receipt of information and/or further review and analysis of the Debtors’ books and records may result in changes to financial data and other information contained in the Amended Schedules and/or the Initial Schedules.
4. As noted in the Initial Global Notes, in order to preserve the confidentiality of customer identities and compliance with the *Order Authorizing the Movants to Redact or Withhold Certain Confidential Information of Customers and Personal Information of Individuals* [D.I. 1643], customers were scheduled utilizing an unique, individualized customer identification number (each, a “Customer Code”) assigned to each applicable customer by the Debtors. The Debtors provided notice of a customer’s Customer Code by email to the email on file for such customer. The Debtors did not change any of the Customer Codes in the Amended Schedules. Customers should refer to their previously received Customer Code to determine their scheduled amounts in the Amended Schedules.
5. For the avoidance of doubt, the Debtors reserve all rights to object to all claims listed on the Amended Schedules, the Statements and the Initial Schedules.

**Fill in this information to identify the case:**Debtor West Realm Shires Services Inc.United States Bankruptcy Court for the: District of DelawareCase number 22-11071 (JTD)  
(If known)☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)* and on *Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*. Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b>	<b>Priority creditor's name and mailing address</b> ATTORNEY GENERAL OF THE STATE OF TENNESSEE BANKRUPTCY DIVISION PO 20207 NASHVILLE, TN 37202  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Corporate Tax	\$ Undetermined      \$ Undetermined
<b>2.2</b>	<b>Priority creditor's name and mailing address</b> CECCHETTINI, FABRIZIO ADDRESS ON FILE  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Employee Expense Reimbursements	\$ 15,191.00      \$ Undetermined
<b>2.3</b>	<b>Priority creditor's name and mailing address</b> Ege Mihmanli ADDRESS ON FILE  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Employee Expense Reimbursements	\$ 16,959.11      \$ Undetermined

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.4 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

INTERNAL REVENUE SERVICE  
1616 CAPITOL AVE.  
OMAHA, NE 68102-4970

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Income Tax Audit FYE 2020**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.5 Priority creditor's name and mailing address**

\$ 79.10 \$ Undetermined

KATZ, ELIORA  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.6 Priority creditor's name and mailing address**

\$ 17,810.48 \$ Undetermined

LYNN NGUYEN  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.7 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

NYS DEPT OF TAXATION AND FINANCE  
BANKRUPTCY UNIT  
PO BOX 5300  
ALBANY, NY 12205-0300

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Income Tax Withholding**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.8 Priority creditor's name and mailing address**

\$ 1,108.43 \$ Undetermined

PALAPARTHI, VENU MADHAV  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.9 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

RI DIVISION OF TAXATION  
BANKRUPTCY DIVISION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Corporate Income Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.10 Priority creditor's name and mailing address**

\$ 9,727.59 \$ Undetermined

SEBASTIAN RAMIREZ  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.11 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

STATE OF HAWAII DEPARTMENT OF TAXATION  
BANKRUPTCY UNIT  
PO BOX 259  
HONOLULU, HI 96809

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Income Tax Withholding**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.12 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

STATE OF NEW JERSEY DIVISION OF TAXATION  
COMPLIANCE ACTIVITY: BANKRUPTCY DIVISION  
50 BARRACK, PO BOX 245  
TRENTON, NJ 08695

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Corporate Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2.13 **Priority creditor's name and mailing address**

\$ \$

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

2.14 **Priority creditor's name and mailing address**

\$ \$

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

2.15 **Priority creditor's name and mailing address**

\$ \$

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☐ No  
☐ Yes



**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> Customer Liabilities - See Schedule F Attachments  <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Customer Liabilities  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ Undetermined
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> 101 SECOND STREET INC C/O HINES ATTN: PROPERTY MANAGER 101 SECOND STREET, SUITE 1225 SAN FRANCISCO, CA 94105  <b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Real Property Lease  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ Undetermined
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ABG SHAQ, LLC 1411 BROADWAY 21ST FLOOR NEW YORK, NY 10018  <b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ENDORSEMENT AGREEMENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ Undetermined
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> AC HOTELS BY MARRIOTT AUSTIN-UNIVERSITY 1901 SAN ANTONIO STREET AUSTIN, TX 78705  <b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 38,760.92
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> ALPACA CRYPTO LLC 3 EAST THIRD AVE SUITE 233 SAN MATEO, CA 94401  <b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 63,164.50
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> AMAZON 410 TERRY AVENUE NORTH SEATTLE, WA 98109  <b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 1,038.42

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.7 Nonpriority creditor's name and mailing address**

AMAZON CAPITAL  
PO BOX 035184  
SEATTLE, WA 98124

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:** Trade Payable

\$ 11,156.96

**Date or dates debt was incurred** Various**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.8 Nonpriority creditor's name and mailing address**

AMERICAN EXPRESS, INC.  
200 VESEY ST., 50TH FLOOR  
NEW YORK, NY 10285

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:** Trade Payable

\$ 776,031.20

**Date or dates debt was incurred** Various**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.9 Nonpriority creditor's name and mailing address**

AMPLITUDE INC  
201 3RD ST., SUITE 200  
SAN FRANCISCO, CA 94103

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:** Trade Payable

\$ Undetermined

**Date or dates debt was incurred** Various**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.10 Nonpriority creditor's name and mailing address**

ANDROMEDA  
WEST 159TH STREET  
SUITE 600  
LOCKPORT, IL 60441

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:** Trade Payable

\$ 6,554.29

**Date or dates debt was incurred** Various**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.11 Nonpriority creditor's name and mailing address**

ANDY ACOSTA  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:** Trade Payable

\$ 7,500.00

**Date or dates debt was incurred** Various**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	<b>Nonpriority creditor's name and mailing address</b> ARMANINO LLP 12657 ALCOSTA BLVD. SUITE 500 SAN RAMON, CA 94583	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 900.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	<b>Nonpriority creditor's name and mailing address</b> Basketball Properties, Ltd. Attention: John Vidalin, EVP/COO 601 Biscayne Blvd Miami, FL 33132	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Facilitation Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	<b>Nonpriority creditor's name and mailing address</b> BLOCKSCORE, INC. 750 BUCKAROO TRAIL, SUITE 101 SISTERS, OR 97759	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 26,639.34
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	<b>Nonpriority creditor's name and mailing address</b> BORTSTEIN LEGAL GROUP TEMPORARY MAILING ADDRESS P. O. BOX 120 WESTWOOD, NJ 07675	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 20,527.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	<b>Nonpriority creditor's name and mailing address</b> BRAZE INC. 330 W. 34TH ST., 18TH FLOOR NEW YORK, NY 10001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 34,848.41
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	<b>Nonpriority creditor's name and mailing address</b> BRETT HARRISON ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Employee Settlement Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	<b>Nonpriority creditor's name and mailing address</b> BUCKLEY LLP PO BOX 990 NEW YORK, NY 10008-0990	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 7,887.61
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	<b>Nonpriority creditor's name and mailing address</b> CAA SPORTS 2000 AVENUE OF THE STARS LOS ANGELES, CA 90067	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 250,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	<b>Nonpriority creditor's name and mailing address</b> Caesars Palace Las Vegas Hospitality Accounting PO Box 96118 Las Vegas, NV 89193	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Letter of Agreement - Las Vegas Grand Prix - F1 Las Vegas	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	<b>Nonpriority creditor's name and mailing address</b> CHECKR.COM 1 Montgomery St Ste 2400 San Francisco, CA 94104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 74.99
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.22	<b>Nonpriority creditor's name and mailing address</b> COINDESK INC 250 PARK AVENUE SOUTH, 5TH FLOOR NEW YORK, NY 10003	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 80,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	<b>Nonpriority creditor's name and mailing address</b> COLOMATICS LLC 1011 WEST RAILROAD AVE, SUITE 100 SPOKANE, WA 99201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 982,013.10
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	<b>Nonpriority creditor's name and mailing address</b> CONAWAY GRAVES GROUP 700 PENNSYLVANIA AVE SE 2ND FLOOR WASHINGTON, DC 20003	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 15,109.19
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	<b>Nonpriority creditor's name and mailing address</b> Creator Agency LLC on behalf of The Ice Coffee Hour 30 Gould St Sheridan, WY 82801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	<b>Nonpriority creditor's name and mailing address</b> CREATORS AGENCY LLC 30 GOULD ST SHERIDAN, WY 82801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement (Graham Stephan)	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.27	<b>Nonpriority creditor's name and mailing address</b> CRYPTO HOPPER JOHAN VAN HASSELTWEG 18A 1021NW AMSTERDAM, NETHERLANDS	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 624.02
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	<b>Nonpriority creditor's name and mailing address</b> DAVID ORTIZ ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNERSHIP AND ENDORSEMENT SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	<b>Nonpriority creditor's name and mailing address</b> DENTSU X 150 EAST 42ND ST, 13TH FLOOR NEW YORK, NY 10017	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 196,252.09
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	<b>Nonpriority creditor's name and mailing address</b> DONE DEAL PROMOTIONS 8224 LEHIGH AVENUE MORTON GROVE, IL 60053	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 10,374.89
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	<b>Nonpriority creditor's name and mailing address</b> DOORDASH 116 NEW MONTGOMERY STREET SAN FRANCISCO, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 25,347.95
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.32	<b>Nonpriority creditor's name and mailing address</b> DOORDASH TECHNOLOGIES CANADA, INC. PO BOX 12172, STATION A TORONTO, ON M5W 0K5 CANADA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 521.87
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	<b>Nonpriority creditor's name and mailing address</b> DREAMFIELD SPORTS LLC 6900 TAVISTOCK LAKES BLVD ORLANDO, FL 32827	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 28,788.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	<b>Nonpriority creditor's name and mailing address</b> DUANE MORRIS 401 MARKET STREET PHILADELPHIA, PA 19106	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 58,146.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	<b>Nonpriority creditor's name and mailing address</b> ECHO MARKETING, LLC 6400 HOLLIS STREET SUITE 14 EMERYVILLE, CA 94608	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Letter Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	<b>Nonpriority creditor's name and mailing address</b> ELITE PROTECTION LLC 8935 SW 162ND TERRACE MIAMI, FL 33157	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 75,753.12
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.37	<b>Nonpriority creditor's name and mailing address</b> EMPIRE CONSULTING 1717 K STREET NW SUITE 900 WASHINGTON, DC 20006	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 30,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	<b>Nonpriority creditor's name and mailing address</b> ERIKA KULLBERG LLC 30 N GOULD ST 22721 SHERIDAN, WY 82801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ Undetermined
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	<b>Nonpriority creditor's name and mailing address</b> ETHOCA MASTERCARD ANDRE EDELBROCK, CHIEF EXECUTIVE OFFICER OCEANIA BUSINESS PLAZA PURCHASE, NY 10577-2509	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 15,868.67
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	<b>Nonpriority creditor's name and mailing address</b> FACEBOOK, INC 1601 WILLOW RD. MENLO PARK, CA 94025	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 818.91
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41	<b>Nonpriority creditor's name and mailing address</b> FIGMA, INC. 760 MARKET STREET FLOOR 10 SAN FRANCISCO, CA 94102	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 455.26
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Part 2: Additional Page

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Amount of claim

3.42

Nonpriority creditor's name and mailing address

FINDER.COM LLC  
32 EAST 31ST STREET, 4TH FLOOR  
NEW YORK, NY 10016

Date or dates debt was incurred

Various

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Trade Payable

Is the claim subject to offset?

☒ No

☐ Yes

\$

1,607.67

3.43

Nonpriority creditor's name and mailing address

FISHER PHILLIPS  
1075 PEACHTREE STREET NE  
SUITE 3500  
ATLANTA, GA 30309

Date or dates debt was incurred

Various

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Trade Payable

Is the claim subject to offset?

☒ No

☐ Yes

\$

1,823.89

3.44

Nonpriority creditor's name and mailing address

FORTUNE MEDIA, INC. D/B/A OPENFORTUNE  
244 MADISON AVENUE  
SUITE #1552  
NEW YORK, NY 10016

Date or dates debt was incurred

11/10/22

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

Basis for the claim: SPONSORSHIP AGREEMENT

Is the claim subject to offset?

☒ No

☐ Yes

\$

Undetermined

3.45

Nonpriority creditor's name and mailing address

FOX SPORTS SUN, LLC  
500 E. BROWARD  
SUITE 1300  
FORT LAUDERDALE, FL 33394

Date or dates debt was incurred

11/10/22

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

Basis for the claim: Advertising Agreement

Is the claim subject to offset?

☒ No

☐ Yes

\$

Undetermined

3.46

Nonpriority creditor's name and mailing address

GOLDEN STATE WARRIORS  
1 WARRIORS WAY  
SAN FRANCISCO, CA 94158

Date or dates debt was incurred

11/10/22

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

Basis for the claim: Sponsorship Agreement

Is the claim subject to offset?

☒ No

☐ Yes

\$

Undetermined

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.47	<b>Nonpriority creditor's name and mailing address</b> GOOGLE DELAINE PRADO, GENERAL COUNSEL 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ Undetermined
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	<b>Nonpriority creditor's name and mailing address</b> HINMAN STRAUB 121 STATE STREET ALBANY, NY 12207	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 16,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.49	<b>Nonpriority creditor's name and mailing address</b> HIVE ( COIN STACK ) 8440 VALMONT RD BOULDER, CO 80301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 3,333.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50	<b>Nonpriority creditor's name and mailing address</b> HOLLAND & KNIGHT LLP PO BOX 936937 ATLANTA, GA 31193-6937	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 196,524.26
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	<b>Nonpriority creditor's name and mailing address</b> I2C IN. 100 REDWOOD SHORES PARKWAY SUITE 100 REDWOOD CITY, CA 94065	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 50,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.52	<b>Nonpriority creditor's name and mailing address</b> INSIGHT DIRECT USA INC 2701 E INSIGHT WAY CHANDLER, AZ 85286	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 49.88
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	<b>Nonpriority creditor's name and mailing address</b> IPOWER TECHNOLOGIES, INC. 6111 BROKEN SOUND PKWY. SUITE 170 BOCA RATON, FL 33487	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 6,755.69
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	<b>Nonpriority creditor's name and mailing address</b> JAMS P.O. BOX 845402 LOS ANGELES, CA 90084	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,494.40
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	<b>Nonpriority creditor's name and mailing address</b> JOSEPHINE SUN ADDRESS UNKNOWN	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Litigation Judgment / Settlement	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	<b>Nonpriority creditor's name and mailing address</b> JULIE SCHOENING ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> Threatened Litigation	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.57	<b>Nonpriority creditor's name and mailing address</b> KIMBALL STROUD AND ASSOCIATES, INC. 1700 CONNECTICUT AVE, NW STE 301 WASHINGTON, DC 20009	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 3,333.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	<b>Nonpriority creditor's name and mailing address</b> LATTE LARRY INC. 11812 SAN VICENTE BOULEVARD 4TH FL LA, CA 90049	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNERSHIP AND ENDORSEMENT SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	<b>Nonpriority creditor's name and mailing address</b> Laureus / NO Play Academy 460 Fulham Road London SW6 1BZ UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> GIFT AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	<b>Nonpriority creditor's name and mailing address</b> LEXIS NEXIS 28330 NETWORK PLACE CHICAGO, IL 60673	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 13,200.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	<b>Nonpriority creditor's name and mailing address</b> LFG NFTS, Corp. 3130 Wilshire Blvd. 4th Floor Santa Monica, CA 90403	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MUTUAL SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.62	<b>Nonpriority creditor's name and mailing address</b> LINCOLN HOLDINGS LLC DBA MONUMENTAL SPORTS & ENTERTAINMENT ATTN: PATRICK DUFFY, SR. VICE PRESIDENT CORPORATE PARTNERSHIPS 601 F STREET, NW WASHINGTON, DC 20004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	<b>Nonpriority creditor's name and mailing address</b> LOCKTON INSURANCE BROKERS, LLC DEPT LA 23878 MOSCOW CITY, CA 91185-3878	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 35,801.64
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	<b>Nonpriority creditor's name and mailing address</b> LOWENSTEIN SANDLER LLP ONE LOWENSTEIN DRIVE ROSELAND, NJ 07068	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 46,548.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65	<b>Nonpriority creditor's name and mailing address</b> LUCILE THYRARD ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 6,720.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	<b>Nonpriority creditor's name and mailing address</b> LUMEN WORKPLACE, INC 1528 W. ADAMS 4A CHICAGO, IL 60607	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 18,777.67
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.**

**Amount of claim**

3.67	<b>Nonpriority creditor's name and mailing address</b> LUNCH MONEY GROUP INC 120 SW 8TH STREET SUITE A MIAMI, FL 33130	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Podcast Sponsorship Agreement	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	<b>Nonpriority creditor's name and mailing address</b> MAX MAHER SHOW LLC 954 AVE PONCE DE LEON STE 205 PMB 10290 SAN JUAN, PR 00907	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 27,600.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	<b>Nonpriority creditor's name and mailing address</b> MEOW TECHNOLOGIES INC. 1504 Bay Rd Apt 2303 Miami,	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 218.13
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	<b>Nonpriority creditor's name and mailing address</b> META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 1,007,427.43
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	<b>Nonpriority creditor's name and mailing address</b> MIAMI HEAT LIMITED PARTNERSHIP ATTN: JOHN VIDALIN EXECUTIVE VICE PRESIDENT & CHIEF COMMERCIAL OFFICER 601 BISCAYNE BOULEVARD MIAMI,, FL 33132	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Advertising and Promotion Agreement	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.72

Nonpriority creditor's name and mailing address

MIAMI-DADE COUNTY

COUNTY MAYOR'S OFFICE

111 NW 1ST STREET, 29TH FLOOR, SUITE 2910

MIAMI, FL 33128

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent
 ☒ Unliquidated
 ☐ Disputed

Basis for the claim: Naming Rights Agreement

\$

Undetermined

Date or dates debt was incurred

11/10/22

Is the claim subject to offset?

☒ No
 ☐ Yes

Last 4 digits of account number

3.73

Nonpriority creditor's name and mailing address

MICROSOFT

1 MICROSOFT WAY

REDMOND, WA 98052

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim: Trade Payable

\$

75.00

Date or dates debt was incurred

Various

Is the claim subject to offset?

☒ No
 ☐ Yes

Last 4 digits of account number

3.74

Nonpriority creditor's name and mailing address

MILLER STARR REGALIA

P.O. BOX 55186

HAYWARD, CA 94545

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim: Trade Payable

\$

627.00

Date or dates debt was incurred

Various

Is the claim subject to offset?

☒ No
 ☐ Yes

Last 4 digits of account number

3.75

Nonpriority creditor's name and mailing address

MOONCOLONY LIMITED

17 THE GRANARY

CHESTERTON MILL

FRENCH'S ROAD

CAMBRIDGE, CB4 3NP

UNITED KINGDOM

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim: Trade Payable

\$

38,612.50

Date or dates debt was incurred

Various

Is the claim subject to offset?

☒ No
 ☐ Yes

Last 4 digits of account number

3.76

Nonpriority creditor's name and mailing address

MORRISON & FOERSTER LLP

425 Market Street

San Francisco,

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim: Trade Payable

\$

61,465.70

Date or dates debt was incurred

Various

Is the claim subject to offset?

☒ No
 ☐ Yes

Last 4 digits of account number

**Part 2: Additional Page**

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Amount of claim

3.77	<b>Nonpriority creditor's name and mailing address</b> NAOMI OSAKA, LLC 2049 CENTURY PARK E. STE #1400 LA, CA 90067	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNERSHIP AND ENDORSEMENT SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	<b>Nonpriority creditor's name and mailing address</b> NATHAN SLOAN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79	<b>Nonpriority creditor's name and mailing address</b> NAVARREAUX SIMMONS ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,620.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	<b>Nonpriority creditor's name and mailing address</b> Nerdwallet, Inc 55 Hawthorne Street 11th Floor San Francisco, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNER REFERRAL AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.81	<b>Nonpriority creditor's name and mailing address</b> NORTH AMERICA LEAGUE OF LEGENDS CHAMPIONSHIP SERIES, LLC ATTN: MATTHEW ARCHAMBAULT 1233 W. OLYMPIC BLVD. LOS ANGELES, CA 90064	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



**Part 2: Additional Page**

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Amount of claim

3.82	<b>Nonpriority creditor's name and mailing address</b> Ohana Experience, LLC. 2437 E Cobblestone Way Sandy, UT 84093	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SPONSORSHIP AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	<b>Nonpriority creditor's name and mailing address</b> ONE WORKPLACE L. FERRARI - DBA TWOFURNISH One Workplace L. Ferrari P.O. Box 8522 Pasadena,	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 238,468.24
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	<b>Nonpriority creditor's name and mailing address</b> PATRIK BJORKSTROM ILLUSTRATION STAFFANSNASGRAND 8 JAKOBSTAD, 68600 FINLAND	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,400.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	<b>Nonpriority creditor's name and mailing address</b> Pentoshi ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	<b>Nonpriority creditor's name and mailing address</b> PERKINS COIE LLP RO BOX 24643 SEATTLE, WA 98124	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 22,734.74
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.87 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:** Surety Bond #: PB03109600014 for the benefit of Financial Services Commission of the State of Florida as Head of the Office of Financial Regulation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.88 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:** Surety Bond #: PB00321300194 for the benefit of State of Colorado

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.89 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:** Surety Bond #: PB03109600020 for the benefit of State of Idaho - Department of Finance - Consumer Finance Bureau

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.90 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:** Surety Bond #: PB00321300196 for the benefit of State of Kansas

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.91 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:** Surety Bond #: PB03109600019 for the benefit of Louisiana Office of Financial Institutions

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Name

**Part 2: Additional Page**

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Amount of claim

## 3.92 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Undetermined

**Basis for the claim:** Surety Bond #: PB00321300199 for the benefit of State of Texas

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

## 3.93 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Undetermined

**Basis for the claim:** Surety Bond #: PB00321300201 for the benefit of State of New Jersey

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

## 3.94 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Undetermined

**Basis for the claim:** Surety Bond #: PB00321300195 for the benefit of State of Indiana

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

## 3.95 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Undetermined

**Basis for the claim:** Surety Bond #: PB00321300197 for the benefit of State of North Dakota

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

## 3.96 Nonpriority creditor's name and mailing address

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
ONE BALA PLAZA  
SUITE 100  
BALA CYNWYLD, PA 19004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Undetermined

**Basis for the claim:** Surety Bond #: PB03109600022 for the benefit of State of Mississippi

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**Part 2: Additional Page**

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Amount of claim

3.97	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300198 for the benefit of State of Ohio	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB03109600011 for the benefit of State of Washington	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB12611200019 for the benefit of Office of Lt. Gov. US VI	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	<b>Nonpriority creditor's name and mailing address</b> PLAID 564 MARKET ST SUITE 700 SAN FRANCISCO, CA 94104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 108,467.65
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.101	<b>Nonpriority creditor's name and mailing address</b> R8G UK LIMITED 6 RED BARN MEWS EAST SUSSEX BATTLE, TN33 0AG UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 40,276.32
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.102	<b>Nonpriority creditor's name and mailing address</b> RATIONAL 360 1828 L ST. NW #640 WASHINGTON, DC 20036	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 251,736.91
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	<b>Nonpriority creditor's name and mailing address</b> REDMOND CONSTRUCTION CORP ATTN: LISA WENINGER 319 W. ONTARIO SUITE 1 CHICAGO, IL 60654	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 248.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	<b>Nonpriority creditor's name and mailing address</b> RHINO NETWORK SOLUTIONS 750 LAKEVIEW WAY REDWOOD CITY, CA 94062	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 2,925.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105	<b>Nonpriority creditor's name and mailing address</b> RICH FEUER ANDERSON 1133 CONNECTICUT AVE, NW SUITE 620 WASHINGTON, DC 20036	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 8,333.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	<b>Nonpriority creditor's name and mailing address</b> RIGHTSIZE FACILITY MASON AWTRY, CHIEF EXECUTIVE OFFICER 4800 W. ROOSEVELT ROAD 4TH FLOOR CHICAGO, IL 60644	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 102,745.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.107	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345232 for the benefit of State of Delaware	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345225 for the benefit of State of Georgia	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.109	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345864 for the benefit of Commonwealth of Puerto Rico	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.110	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345257 for the benefit of State of Tennessee	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.111	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345242 for the benefit of State of District of Columbia	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.112	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345239 for the benefit of State of Alabama	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345230 for the benefit of State of Wyoming	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345863 for the benefit of State of Missouri	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345251 for the benefit of State of West Virginia	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345226 for the benefit of State of Michigan	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.117	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345258 for the benefit of Pennsylvania Department of Banking and Securities	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345253 for the benefit of State of Arkansas	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS338024 for the benefit of State of Kentucky	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345245 for the benefit of State of New Hampshire	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.121	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345259 for the benefit of Commonwealth of Virginia	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Name

**Part 2: Additional Page**

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Amount of claim

3.122	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345229 for the benefit of State of Vermont	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345260 for the benefit of Financial Institutions Division of the State of Nevada	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.124	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345862 for the benefit of Superintendent of the Bureau of Consumer Credit Protection of the State of Maine	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.125	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345255 for the benefit of Nebraska Department of Banking and Finance	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345246 for the benefit of State of Minnesota	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.127	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345250 for the benefit of State of Utah	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345861 for the benefit of State of Illinois Department of Financial & Professional Regulation	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.129	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345240 for the benefit of State of Arizona	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345231 for the benefit of State of Vermont	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345256 for the benefit of State of South Carolina	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.132	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345227 for the benefit of State of North Carolina	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.133	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345254 for the benefit of State of Alaska	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345228 for the benefit of State of Rhode Island	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345234 for the benefit of State of Massachusetts	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345243 for the benefit of State of Iowa	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.137	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345248 for the benefit of Oklahoma State Banking Department and Money Transmission	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.138	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345233 for the benefit of State of South Dakota	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.139	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345241 for the benefit of State of Connecticut	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.140	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345244 for the benefit of State of Maryland	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.141	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345247 for the benefit of State of New Mexico	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.142	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345865 for the benefit of State of Wisconsin	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345249 for the benefit of State of Oregon	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144	<b>Nonpriority creditor's name and mailing address</b> ROMAN TULINOV ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 14,250.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.145	<b>Nonpriority creditor's name and mailing address</b> ROTHSTAR CONSTRUCTION, INC. 250 CATALONIA AVENUE SUITE 300 MIAMI, FL 33134	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 10,200.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146	<b>Nonpriority creditor's name and mailing address</b> SARDINEAI CORP 382 NE 191ST ST #58243 MIAMI, FL 33179	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 15,503.39
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.147	<b>Nonpriority creditor's name and mailing address</b> SEDOR WENDLANDT EVANS AND FILIPPI 500 L STREET SUITE 500 ANCHORAGE, AK 99501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 2,677.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.148	<b>Nonpriority creditor's name and mailing address</b> SENSOR TOWER 2261 MARKET STREET, #4331 SAN FRANCISCO, CA 94114	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 7,277.70
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.149	<b>Nonpriority creditor's name and mailing address</b> SHADOW LION 119 BRAINTREE STREET SUITE 210 BOSTON, MA 02134	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 225,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.150	<b>Nonpriority creditor's name and mailing address</b> SHOHEI OHTANI ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Endorsement Services Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.151	<b>Nonpriority creditor's name and mailing address</b> SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP AND AFFILIATES P.O. BOX 1764 WHITE PLAINS, NY 10602	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 56,757.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.152	<b>Nonpriority creditor's name and mailing address</b>  SKYLINE CONSTRUCTION, INC. 505 SANSOME ST., 7TH FLOOR SAN FRANCISCO, CA 94111	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 44,757.99
	<b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.153	<b>Nonpriority creditor's name and mailing address</b>  SOL STORES INC. ATTN: CEO AND OFFICE OF THE GENERAL COUNSEL 548 MARKET STREET PMB 45477 SAN FRANCISCO, CA 94104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Services Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.154	<b>Nonpriority creditor's name and mailing address</b>  STATE MECHANICAL SERVICES 535 EXCHANGE CT AURORA, IL 60504	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 575.00
	<b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.155	<b>Nonpriority creditor's name and mailing address</b>  STEPHANIE KRIS NAVARRO ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 519.40
	<b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.156	<b>Nonpriority creditor's name and mailing address</b>  STOCKTWITS, INC. 1001 6TH AVE, 7TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 341.00
	<b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.157	<b>Nonpriority creditor's name and mailing address</b> TAKEDOWN MEDIA ROOM 2301, 23 F., BAYFIELD BUILDING, 99 HENNESSY ROAD HONG KONG, HONG KONG	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 15,985.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.158	<b>Nonpriority creditor's name and mailing address</b> TAS SERVICES 77 K ST. NE ROOM 1500 WASHINGTON, DC 20002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 25,950.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.159	<b>Nonpriority creditor's name and mailing address</b> Tilbury Multi-Media Ltd Arcturus Willow Road, Whitstable Canterbury Kent CT5 3Dw UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.160	<b>Nonpriority creditor's name and mailing address</b> TURNER NETWORK TELEVISION PO BOX 32183 NEW YORK, NY 10087	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 595,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.161	<b>Nonpriority creditor's name and mailing address</b> TWILIO INC 101 SPEAR STREET SUITE 300 SAN FRANCISCO, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 178,557.63
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.162	<b>Nonpriority creditor's name and mailing address</b> TWITTER INC. GENERAL COUNSEL 1355 MARKET STREET SUITE 900 SAN FRANCISCO, CA 94103	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 188,976.23
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.163	<b>Nonpriority creditor's name and mailing address</b> VERIFI, INC 8023 BEVERLY BLVD. SUITE 1 BOX 310 LA, CA 90048-4523	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 2,321.67
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.164	<b>Nonpriority creditor's name and mailing address</b> VOSKCOIN, LLC	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 25,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.165	<b>Nonpriority creditor's name and mailing address</b> WASSERMAN MEDIA GROUP LLC ATTN: JASON BANKS 10900 WILSHIRE BLVD #1200 LOS ANGELES, CA 90024	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Master Services Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.166	<b>Nonpriority creditor's name and mailing address</b> WILLIAM SELLENT ADDRESS UNKNOWN	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 290.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.167	<b>Nonpriority creditor's name and mailing address</b>  ZOLTAN BOROS ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 4,800.00
	<b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.168	<b>Nonpriority creditor's name and mailing address</b>      <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$
3.169	<b>Nonpriority creditor's name and mailing address</b>      <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$
3.170	<b>Nonpriority creditor's name and mailing address</b>      <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$
3.171	<b>Nonpriority creditor's name and mailing address</b>      <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 101 SECOND STREET, INC. C/O: SHARTSIS FRIESE LLP ATTN: SCOTT SCHNEIDER / KATHLEEN KEELER BRYSKI ONE MARITIME PLAZA 18TH FLOOR SAN FRANCISCO, CA 94111	Line 3.2 <input type="checkbox"/> Not listed. Explain	
4.2 101 SECOND STREET, INC. C/O INVESCO REAL ESTATE ATTENTION: KEVIN PIROZZOLI 101 CALIFORNIA STREET, SUITE 1800 SAN FRANCISCO, CA 94111	Line 3.2 <input type="checkbox"/> Not listed. Explain	
4.3 ABG-SHAQ, LLC C/O: DENNIS A. ROACH, A PROFESSIONAL CORPORATION 9200 SUNSET BLVD., SUITE 525 LOS ANGELES, CA 90069	Line 3.3 <input type="checkbox"/> Not listed. Explain	
4.4 ABG-SHAQ, LLC, C/O AUTHENTIC BRANDS GROUP ATTN: LEGAL DEPARTMENT (SHQ) 1411 BROADWAY, 22ND FLOOR NEW YORK, NY 10018	Line 3.3 <input type="checkbox"/> Not listed. Explain	
4.5 BASKETBALL PROPERTIES, LTD. ATTENTION: RAQUEL LIBMAN, EVP/CLO 601 BISCAYNE BLVD. MIAMI, FL 33132	Line 3.13 <input type="checkbox"/> Not listed. Explain	
4.6 DAVID ORTIZ ADDRESS ON FILE	Line 3.28 <input type="checkbox"/> Not listed. Explain	
4.7 Larry David c/o Latte Larry Inc c/o Level Four Business Management LLC Attn: Matt Lichtenberg 11812 San Vicente Boulevard, 4th Floor Los Angeles, CA 90049	Line 3.58 <input type="checkbox"/> Not listed. Explain	
4.8 MIAMI HEAT LIMITED PARTNERSHIP ATTN: RAQUEL LIBMAN EXECUTIVE VICE PRESIDENT & CHIEF LEGAL OFFICER 601 BISCAYNE BOULEVARD MIAMI, FL 33132	Line 3.71 <input type="checkbox"/> Not listed. Explain	
4.9 MIAMI-DADE COUNTY OFFICE OF THE COUNTY ATTORNEY STEPHEN P. CLARK CENTER 111 NW 1ST STREET SUITE 2810 MIAMI, FL 33128	Line 3.72 <input type="checkbox"/> Not listed. Explain	

Part 3:
 Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.10	Miami-Dade County, Florida 111 NW 1st Street Miami, FL 33128	Line 3.72  <input type="checkbox"/> Not listed. Explain	
4.11	NAME ON FILE ADDRESS ON FILE	Line 3.67  <input type="checkbox"/> Not listed. Explain	
4.12	NORTH AMERICA LEAGUE OF LEGENDS CHAMPIONSHIP SERIES, LLC C/O: GREENBERG GLUSKER FIELDS CLAMAN & MACHTINGER LLP ATTN: BRIAN DAVIDOFF 2049 CENTURY PARK EAST, STE. 2600 LOS ANGELES, CA 90067-4590	Line 3.81  <input type="checkbox"/> Not listed. Explain	
4.13	NORTH AMERICAN LEAGUE OF LEGENDS CHAMPIONSHIP SERIES, LLC ROBINSON & COLE LLP ATTN: JAMIE L. EDMONSON 1201 N. MARKET STREET SUITE 1406 WILMINGTON, DE 19801	Line 3.81  <input type="checkbox"/> Not listed. Explain	
4.14	TILLBURY MULTI-MEDIA LTD 7 ANCHOR BUSINESS PARK KENT SITTINGBOURNE, ME10 3AE UNITED KINGDOM	Line 3.159  <input type="checkbox"/> Not listed. Explain	
4.15	WASSERMAN MEDIA GROUP, LLC ATTN: WENDY PHILLIPS, ESQ. 10900 WILSHIRE BLVD., SUITE 1200 LOS ANGELES, CA 90024	Line 3.165  <input type="checkbox"/> Not listed. Explain	
4.16	WME ENTERTAINMENT - LARRY DAVID 9601 WILSHIRE BLVD 3RD FLOOR BEVERLY HILLS, CA 90210	Line 3.58  <input type="checkbox"/> Not listed. Explain	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts			
5a. Total claims from Part 1	5a.	\$	60,875.71
			+ Undetermined Amounts
5b. Total claims from Part 2	5b.	+	\$ 6,496,848.59
			+ Undetermined Amounts
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	6,557,724.30
			+ Undetermined Amounts

**Fill in this information to identify the case and this filing:**Debtor name West Realm Shires Services Inc.United States Bankruptcy Court for the: District of DelawareCase number (If known) 22-11071 (JTD)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/27/2023MM / DD / YYYY**X** /s/ Mary Cilia

Signature of individual signing on behalf of debtor

Mary Cilia

Printed name

Chief Financial Officer

Position or relationship to debtor